



Vehicle Damage and Structural Repair Report

VIN / Chassis number

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Make

Model

Type

Year of Manufacture

Details of Insurance Company Approved Panel Shop

Name (Owner/Manager)

Signature

Inspection Date

Company Name

ACN

Company Address

Postcode

Phone

This document may be used to establish the acceptability of the vehicle for safe use on a road or road related area. The purpose of this document is to provide a declaration by suitably qualified persons that the vehicle has been correctly repaired and all safety related items have been returned to pre-accident condition.

I as the owner/manager of the company identified above (must provide primary proof of identity with a signature), (which is an Insurance Company recognised licensed smash damage repairer), am authorised to state on its behalf that: (Business or Company Certificate must be supplied)

I have caused this vehicle to be examined and have determined that it has been repaired in accordance with manufacturer's and to appropriate industry standards.

I have assessed that any sectional repairs have been completed in compliance with Road User Services Information Sheet - Motor Vehicle Body Repairs

The vehicle body/frame alignment has been measured and meets the manufacturer's dimensional specifications. **(Attach manufacturer specifications, measurements, printouts and photographic diary)**

(Tick box when completed)

Company Stamp

All sections of this document must be completed for it to be accepted. The attached Damaged Vehicle Structural Repair & checklist on the back of this form must be completed.



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		Yes	No	N/A
Check Anti-lock/Anti-skid Brake System	System operates as per manufacturer's requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Engine Control Computer	System operates as per manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Control Computer Module	Check for correct operation as per manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Stability Control System	System operates as per manufacturer's requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Drive Vehicle	All systems operate as per manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I consent to the RTA conducting a validation check of my documents and declare to the best of my knowledge that the information in this report is true and correct

Signed Name Date / /